V. S. No.

state

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address)

(Yeer)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritondis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenleritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

06547

I. PLACE OF DEATH				
County Worcester	*****		Registration Dist. No. 3	50
Village or CityPocomoke Cit	V		No. St.	Ward
			death occurred in a hospital or institution, give its NAME instead of street and i	
			ds. How long in U.S. If of foreign birth?yrsm	osas.
2. FULL NAME Olliver Lee	Boneville	2		
(a) Residence: No.	Z		St., Ward.	
PERSONAL AND STATISTICA	(Usual place of abode)	c	If nonresident give city or lown and MEDICAL CERTIFICATE OF DEATH	State
	SINGLE, MARRIED, WIDO		21. DATE OF DEATH	
	R DIVORCED (write the Married		June 29th	, 193 <u>3</u>
5a. If merried, widowed, or divorced HUSBAND of				
(or) WIFE of Mrs. Willie L.	Bonneville		1 HEREBY CERTIFY, That I attanded 1933, to 1933	
A DATE OF BIRTH (II. A	2012 200		11	: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Davs If LESS	السموعية	to have occurred on the data stated above, at 11.45An.	z ; death is said
	1 dey,	hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
_ 8. Trade, profassion, or particular	16 or	min.	were as follows:	Date of enset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	penter		by for	Cof Trea
9 Industry or business in which				18.13.5
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	1			
	11. Totel tima (years) spent in this			
year)	occupation		Other Contributory Causes of importance:	-
12. BIRTHPLACE (city or town) POCOMOKE				-
(State or country) Maryl			Leubial tramorchay	90.33
13. NAME James B. Bonnevi				
13. NAME James B. Bonnevi	t County		Nama of operation Data of	
(State of country) THAT Y TA			What test confirmed diagnosis?	utopsy?
15. MAIOEN NAME Elizabeth A			23. If death was dua to extarnal causes (VIOLENCE) fill in also tha following	:
15. MAIOEN NAME Elizabeth A 16. BIRTHPLACE (city or town) POCOMO			Accident, suicide, or homicide? Date of Injury	, 19
(Stete or country) Narylan	d		Where did injury occur?	
17. INFORMANT H.T. Bonnevill (Address) Pocomoke City.			(Specify city or town, county and State Spacify whather Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLA	ACE.
THE BURIAL CREMATION OF REMOVAL			Mannar of Injury	
Place Comoke City, Non	une 30th	11933	Nature of injury	
19. UNDERTAKER PRINCES	tereus	N	24. Was diseesa or injury In any way related to occupation of daceased?	
(Address)POCOMOKe City, N	aryland.	A. A. South	If so, specify	
20. FILED Some 30 19 33 John	. I Rele	7	(Signed) Thrill	
, 19	Reg	istrar.	(Address) . Jan She Car	\$

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	.1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH County ... Worcester --Registration Dist. No. Village or City_Berlin (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where deeth occurred______yrs._____mos.____ds. How long in U.S. if of foreign birth?_____yrs.____ statement PHYSICIAN 2. FULL NAME Bettie Brittingham RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DtVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of Married I HEREBY CERTIFY. That I attended deceased from (or) WIFE of Minos Brittingham 6. DATE OF BIRTH (month, day, and yeer) T869 properly 7. AGE Years Days If LESS than Months to have occurred on the date stated above et / 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or____min_ Date of onset 8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.____ OCCUPATION may 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc...... Housewife uo fO. Date deceesed last worked at ff. Total time (years)
spent in this this occupation (month and occupation 50vrs instructions UNFADING Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) Maryland (State or country) FATHER f3. NAME Lemuel Timmons f 4. BIRTHPLACE (city or town) ____ plain maryland (Stete or country) carefully What test confirmed diagnosis? ___. HER important. 15. MAIDEN NAME ---- Hastings 23. If death was due to external causes (VIOL ENCE) fill in also the following: MOT OF DEATH f6. BIRTHPLACE (city or town). Maryland (State or country) Where did injury occur?____ (Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT Mr. Minos Brittingnam (Address) Berlin, Md. plnoy 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury June 29. Pauls Cem. AUSE

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify

24. Was disease or injury in any way related to occupation of deceased?

S. No. 1

mation

3

TION

19. UNDERTAKER

J. W. Burbage

BINDIN

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WILDOW TO WAR		***	4
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

Y, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforoe carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-DEATH in plain terms, so that it may be properly classified. ery important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

STATE (OF MARYLAND-	CERTIFICATE OF DEATH 06549
1. PLACE OF DEATH	+	9950
County	sler	Registration Dist. No. '355
Village or City	wells	No. St., Ward
Length of residence in city or town where		f death occurred in a hospital or institution, give its NAME instead of street and number) Ads. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Elid	Ray a. Cot	line
(a) Residence: No.		St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
A. COLOR OR CE	OR DEVOKESD (write the word)	21. DATE OF DEATH (Monlh) (Day) (Year)
HUSBAND of Belly	offen	22. I HEREBY CERTIFY. That I attanded deceased from 1932, to date fuel 19
DATE OF BIRTH (month, day, and yaar)	464420 15	I last saw ham elive on June 29 1,193; death is said
AGE Yaars Months	Days ILLESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1990 from. The PRINCIPAL CAUSE OF DEATH and ralated ceusas of Importanca were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	mil Corrier	my cartitis () all all all all all all all all all a
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this securation (month and		
D. Date deceased last worked at this occupation (month and year)	11. Total time (yaars) spent in this occupation	
12. BIRTHPLACE (city or town)	losville	Diher Contributory Causes of importance:
(Stata or county)	Coffin	I will to Camerida
14. BIRTHPL CCF city or town) (State of country)	Known	Name of operation Date of
(Ototest country)	A wilman	What tast confirmed diagnosis? [
15. MAIDEN NAME	uage	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)(State or country)	Menowan	Accident, suicide, or homicide? Date of injury, 19 Whare did in ury occur?
7. INFORMATICA BESSIE	Ennis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL CREMATION, DR REMOVAE	- Data July 2, 19.33	Mannar of injury
9. UNDERTAKER // CANADA	Matson	24. Was diseasa or injury in any way related to occupation of decaasad?
LED JAME 9 01999 0	Telen F. Hayer	and (Address) Willards md. M.D.
If more		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURKEY			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 165511
1. PLACE OF DEATH	92-20
County Hoseester frank	Registration Dist. No. 313
Village or City Campbelltows	No. St., Ward
Length of residence in city of town where deeth occurred 30 yrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs
2. FULL NAME Langle Months (Paralehell.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 98. DIVORCED (write the word)	21. DATE OF DEATH 6 24 19233
ia. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of Frank S. Competell	22. 1 HEREBY CERTIFY. That I attended deceased from 6-1932, 19 , to date 7 death, 19
5. DATE OF BIRTH (month, day, and year) Now 110 - 1866	I last saw h Live elive on 6 - 2 4 19.33 : death is and
7. AGE Years Months Oays If LESS than	to have occurred on the date stated abova, at
72 1 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raleted ceuses of importance were as follows:
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Hausewife	Cartic received the
9 Andustry or business in which	S S
work was dona, as SILK MILL, SAW MILL, BANK, etc	W O
11. Total time (years) this occupation (month and year) occupation	
1.11 :110	Other Cantributery Causes of Importances
(State or country) Many Many	Consists Courses.
13. NAME Hynami Builed	
14. BIRTHPLACE (city or town). Unknown	Name of operation Data of
(Stata or country)	What test confirmed diagnosis?
15. MAIDEN NAME Jane Smith	23. If daath was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city o town)) Laken and so	Accidant, suicide, or homicide? Date of injury 19
(State or country)	Whare did Injury occur?
17. INFORMANT Frank & Complete, and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place / Dishakualle Oate (2/2/1/2) 19 33	Manner of injury
19. UNDERTAKER Malson	Nature of injury 24. Wes disease or injury in any way related to occupation of daceased?
(Address)	(Signate Annual Annual Annual M. D.
20. FILEO Registrar.	(Address) Willards md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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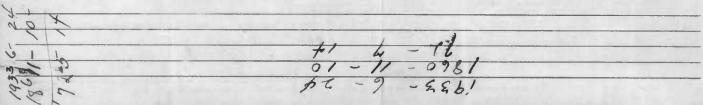
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NURMAU T B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	of .		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



STATE OF MARYLAND—CERTIFICATE OF DEATH

	item of infor-	should state	of OCCUPA-	1
	CORD. Every	PHYSICIANS	ct statement	
NDING	MANEN RE	KACTLY.	lassified. Exa	
MARGIN RESERVED FOR BINDING	HS IS A PER	be stated E	be properly c	of certificate.
RESERVE	ING INK-TH	AGE should	that it may	tions on back
MARGIN	ITH UNFAD	Illy supplied.	plain terms, se	. See instruc
1	PLAINLY, W	ould be carefu	F DEATH in	ery important
S. No. 1	. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

1.	PLACE O	F DEAT	гн			46		
	County	Word	ester			Registration Dist. No. 350		
	Village or	city_Po	comoke	City		ND. WITHIS St.	Ward	
						death occurred in a hospital or institution, give its NAME instead of street and number, ds. How long In U.S. if of foreign birth?		
			-11111			yrsmos	ds.	
2.	FULL NA	ME_R	obert W	.Copper	Jr.			
	(a) Resider	nce: ND		(Usual place	of abode)	St., Ward. If nonresident give city or town and State		
	PERSON	VAL AN	D STATISTI	CAL PARTI		MEDICAL CERTIFICATE OF DEATH		
3. SI	ex e.le	4. colo Whi	R OR RACE	s. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, O (write the word) ingle	21. DATE OF DEATH June 25th. 193 (Month) (Day)	3	
5a. I	f married, widow	wed, or divo	rced				ear)	
	HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, That I attended decease		
6. D	ATE OF BIRTH	(month, day	, and yeer) Fe	b.17th.	1902.	May 15th 1933, to June 25th, 19 last saw him alive on June 25th 1933; death		
7. A	GE Ye	ars	Months	Days	If LESS than	Io have occurred on the date slaled above, a6 . O.L. Am.		
	2	31	4	8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	of one#t	
OCCUPATION	9. Industry or work wa SAW MI 10. Date deceas this occu	work done, R, BDDKKEE business in as done, as S LL, BANK, e	as SPINNER, DPER, etc	11 11. Total ti	rk ime (years) nt in this pation 2	Lympho Sarcoma		
12. 1	BIRTHPLACE (c		Philad	elphia. Pá	•	Other Contributory Causes of importance:		
ER	13. NAME R	ober	t W.Copy	er Sr.				
FATHER	14. BIRTHPLAC	E (city or to		t County	r	Name of operation	7-3	
		r country)		aryland		What lest confirmed diegnosis? Was there an autopsy		
HER-	15. MAIDEN NA			olfield		23. If death was due to external causes (VIOL ENCE) fill in also lie following:		
MOTHER		E (city or to r country)	wn) Worces	ster Cou	inty	Accident, suicide, or homicide? Date of injury, 19		
17. 1			t W.Copy	per Sr.	Land	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.		
18. E	Place POC	metal metal	EMDVAL City	Pop June	27th.19.33	Manner of Injury		
	INDERTAKER	eru	nels	twe y. Maryl	uson	24. Wes disease or injury in any way related to occupation of deceased?		
20. F	TLED June	26	ر دد	when I	Registrar.	(Signed) Glaskys (Address) Jacobs Lands	M. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was donc.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		PECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

49			

OCCUPA-

Jo

Exact statement

See instructions on back

1. PLACE OF DEATH			(1)	50
County Worcester			Registration Dist. No.	7
Village or City Pocomoke C	ity		No. R, F. D. # 2. St., death occurred in a hospital or institution, give its NAME instead of street and a	Ward
Langth of residence in city or town where death 2. FULL NAME Lillian	occurred Coulba	yrs,mos	death occurred in a hospital or institution, give its NAME, instead of street and in the control of the control	
(a) Residence: No.			St., Ward.	
	(Usual place of		If nonresident give city or town and	State
PERSONAL AND STATISTICA			MEDICAL CERTIFICATE OF DEATH	
Female Colored 5.	or divorced	(write the word)	June 15th.	, 193 3 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended of	
6. DATE OF BIRTH (month, day, and year), J111 V	19+ 10	10	I last saw has alive on the file 1933	
7. AGE Yaars Months	Days	If LESS than	to have occurred on the date stated above, a 2 20 Pm.	,
14 11	15	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
8. Trade, profassion, or particular kind of work done, as SPINNER, In school SAWYER, BOOKKEPER, atc.				
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc			The of Jungs	2 x.
10. Data decaased last worked at this occupation (month and year)	this occupation (month and spent in this		<i>(</i>	
12. BIRTHPLACE (city or town) Worcester County (State or country) Maryland.			Other Contributory Causes of Importance:	-
E 13. NAME John Coulbury	n			
13. NAME John Coulbury 14. BIRTHPLACE (city or town) Worce (State or country) Mary	ster Co land	ounty,	Name of operation Date of Was there an a	utonsy? No
置 15. MAIDEN NAME Martha Cli	uff		23. If death was due to external causes (VIOLENCE) fill In also the following	
15. MAIDEN NAME Martha Cluff 16. BIRTHPLACE (city or town) Somerset County (State or country) Maryland			Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Martha Coulburn (Address) Pocomoke City, Maryland			(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
HERIAL GENATION OF REMOVAL Place OF Cester Co. 170 Date June 18th., 19.33			Manner of injury	
19. UNDERTAKER PRINTS POROMOKE City Maryland			24. Was disease or injury in any way related to occupation of deceased?	Ko-
20. FILED from 18, 1999 John 1 Registrar.			(Signad) A Gillian (Address) A G. L.	м. D. Ил
			V 19 000	YVO

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ano Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

Registration Dist. No. 352
NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) 105ds. How long in U.S. if of foreign birth?yrsmosds
St., Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (Month) (Day) (Year)
22. I MEREBY CERTIFY, That I attended deceased from
I last saw the alive on 2007 7 1333 death is said
to have occurred on the date seried above, at 639 fm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Chr. Int Myhriers
Other Contributory Causes of Importance:
- Million Constant
Name of operation Date of What test confirmed discussion
What test confirmed diagnosis? Was there an autopsy? 23, If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Manner of Injury
24. Was disease or injury In any way related to occupation of diceased? If so, specify (Signed)
n

N. B.-WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BURNAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Year)

CAUSE mation

LION

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

Nature of injury.

If so, specify

(Address) __

24. Was disease or injury in any way related to occupation of deceased?

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Example I		Example II The principal cause of death and related causes Date of onse of importance were as follows:	
The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

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Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

1. PLACE OF DEATH		<u> </u>		
County Worcester		Registration Dist. No. 33-2		
Village or City Berlin Length of residence in city or town where dea		No. St., of death occurred in a hospital or institution, give its NAME instead of street and no. ds. How fong In U.S. if of foralgn birth?		
2. FULL NAME Goldie Bo	wen Franklin			
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5	. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day)	, 193 3 (Year)	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Clarence Fr	anklin	22. I HEREBY CERTIFY, That I attended of 1933 to June 23		
6. DATE OF BIRTH (month, day, and year) Feb. 28, 1900 7. AGE Years Months Days If LESS than 1 day,		to have occurred on the date stated above, at	death is said	
8. Trada, profession, or particular kind of work dona, as SPINNER.		77)	Datedionset	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		Garcine ma of		
work was dona, as SILK MILL, HO	usewife	Occas		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Judustry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decaesad last worked et this occupation (month and yaar) 11. Total time (yeers) spent in this occupation				
12. BIRTHPLACE (city or town) Warylan (State or country)	d	Other Cantributary Causes of importance:		
13. NAME Horace Purnell		·		
I	yland	Nama of operation Date of What test confirmed diagnosis? Was there are a	utonev? 21	
15. MAIDEN NAME Lydia Bowe	n	23. If daath was due to external causes (VIOLENCE) fill In also the following:		
15. MAIDEN NAME Lydia Bowe 16. BIRTHPLACE (city or town) Maryl	and	Accidant, suicida, or homicida? Data of injury, 19		
State or country) 17. INFORMANT Clarence range (Address) Berlin, Md	nklin	Where did injury occur?	:) NCE.	
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury		
Placa St. Pauls Cem.	Data June - 24 , 1933	Nature of injury		
19. UNDERTAKER J. W. Burbage Berlin, Md.		24. Was diseasa or injury in any way ralated to occupation of deceesed?	Ns	
20, FILED January 1923 & V.	Muniford Registrar.	(Signad) (Address) (Address)	rud,	
If more bla	nks are needed, add ess State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		- make address and a second ad	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	The state of the s	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	ephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 8 1953	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

rte A.	STATE OF MARYLA	ND—CERTIFICATE OF DEATH 06556
infor- state U PA-	1. PLACE OF DEATH	210,000
of a d	County WORCESTER	Registration Dist. No.
item of should of or occ	Village or City POCOMOKE CITY	No. St., War
S	Length of residence in city of town where dauth occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mgsds. How long In U. S. if of foreign birth?yrs
CORD. Every PHYSICIANS ct statement	2. FULL NAME Moutha. &	Francis
	(a) Residence; Np.	/St. Ward.
- 61	(Usual place of abode)	If nonresident give city or town and State
RECC PH Exact	PERSONAL AND STATISTICAL PARTICULAR	
E F. E	3. SEX 4. COLOR OR TACE 5. SINGLE, MARRIED, WIE OR DIVERCED (write the	DOWED, 21. DATE OF DEATH June 8
EN.	%. If married, widowad, as divorced	Month) (Day) (Year)
BINDING PERMANEN EXACTI	HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended dacaased from
	Horiph sague	, 19 , 10 , 19 , 19 , 19 , 19 , 19 , 19
BIN] PERM EX	6. DATE OF BIRTH (month, day, and year)	6-8 I last saw h alive on , 19 ; death is sai
FOR B IS A PE stated E properly	7. AGE Years Months Days If LE	SS than to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
F(8. Trade, profassion, or particular	min. ware as follows: Date of onse
CD HIS he he	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
RESERVED G INK—THIS GE should be that it may be	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Judder Welst.
NK-NK-shout	SAW MILL, BANK, etc	
RESE VG INI AGE SI that it	and the second s	
7 7	12. BIRTHPLACE (city or town) (State or country) 13. NAME 13. NAME 14. State or country) 15. State or country)	Other Contributory Causes of importance:
FADIN lied. A ms, so t	(State or country) Wilaware	Justin 2 shull
MARGIN UNFADI supplied.	13. NAME Budson & Clum	0
MLA The sup	14. BIRTHPLACE (city or town)	Nama of operation Data of Data of
A Lift	(State of country)	What test confirmed diagnosis? Was there an au'opsy?
ii e €	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external caused (VIDL ENCE) fill in also the following:
AINLY, DEATH	16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
3 PLAI should OF DE	17. INFORMANT (Address) (Address) 18. RUPLAY CREMATION OR PEMOVAL 18. RUPLAY CREMATION OR PEMOVAL (Address)	Aulmoble
40	To bound, on hemothe	Mannar of Injury Adulta Comments
		1933 Nature of Injury Treethand share
WRIT mation CAUSI	19. UNDERTAKER TO SMOUNTER STATE	24. Was disease or injury In any way related to occupation of deceased?
No.	(Address) Dennay Dell	If so, spacify
» z (T)	20. FILED June 7, 19 33 John 1 1007	(Signad) M. (Address) M. (Address) M.
	N A	(//////////////////////////////////////

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	a partie and	Example II				
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
BUREAU V.S.	:					
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTL

AGE should be

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

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			1	

PHYSICIANS should state

of OCCUPA-

Exact statement

	2	STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH 06557
1.	PLACE OF	F DEATH			(31)
	County	Vorcester			Registration Dist. No. 35/
	Village or C	itySpot	Hill 5	R.F.D	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of resi	dence in city or town where	death occurred	3 yrsmos	ds How long in U.S. il of foreign birth?yrsmosds.
2. 1	FULL NAI	zugene .	J.Hiokma		St., Ward. If nonresident give city or town and State
	PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX	Male	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Month) (Yoar)
H	married, widow NUSBAND of or) WIFE of	Lillian .	Hickman	:00	22. PHEREBY CERTIFY That I ettended deceased from 30, 1933, to
6. DAT	TE OF BIRTH	month, day, and yeer)	Feb.4, 10	380	I last saw h Carvalive on 100 28, 1933; death is said
7. AGE	Yea 53	rs Months 4	Days 26	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
CCUPATION	kind of w SAWYER, Industry or I work was	ssion, or perticular vork done, as SPINNER, BOOKKEEPER, etcbusiness in which s done, as SILK MILL, L, BANK, etc	Farmer		Thomas Myscardites ?
000		ed last worked at 930	sper	me (years) nt in this 30	
12. BII	RTHPLACE (cit	ty or town)	d.		Other Contributory Causes of Importance:
m 13	3. NAME	James Hickm	an		
FATHER 14	I, BIRTHPLACE (State or	(city or town)	Ma.		Neme of operation Dete of What test confirmed diagnosis Delucal Was there an au'opsy?
or l		77 77			must rest communed diskinglistance and an an obsystal

15. MAIDEN NAME MOTHE 16. BIRTHPLACE (city or town) (State or country)

an Hickman (Address) 18. BURIAL, CREMATION, OR REMOVAL

J.W. Burbage 19. UNDERTAKER (Address)

Registrar.

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injur Nature of injury

if so, specify (Signed)



V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis .	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10	(0		0	0
U	0	O	U	8

	2/77
- 0	Registration Dist. No.
Certa	No. St. Ward
(Alf	death occurred in a hospital or institution, give its NAME instead of street and number)
rsgos.	ds. How long in U.S. If of foreign birth?yrsmosds.
r Ct	uld omes
	St., Ward.
ode)	If nonresident give city or town and State
LARS	MEDICAL CERTIFICATE OF DEATH
, WIDOWED,	21. DATE OF DEATH One (Day) (Month) (Pay) (Year)
	22. I HEREBY CERTIFY, Thet I attended deceesed from
9 5 2	, 19, 19, 19
~33	I lest sew h; death is sald
If LESS than	to heve occurred on the date stated ebove, at
dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were es follows:
	Stillborn
7	(about 4 months child)
yeers)— this— su Cuit	Other Contributory Causes of importance:
1200	
las	Name of operation Date of
a,	What test confirmed diagnosis? Was there an autopsy?
ued	23. II deeth wes due to externel causes (VIOLENCE) fill in elso the Iollowing:
Gee	Accident, suicide, or homicide? Oate of injury, 19
4,	Where did injury occur?
3 mil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Menner of injury
23,1933	Nature of injury
7	24. Was disease or injury in any way related to occupation of deceased?
y my	If so, specify
key "	(Signed) John I Registrar M. D.
Registrar.	(Address) Pocomoke City Md.
s State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No.

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is is	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	(iastroenteritis	1 year	
	Alauman and a second		
	1915 1921 Julyő,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR	FURTHER ST	TATEMENTS I	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH Warcester	5559 2.
County Medical World	7.
County Neway No. 35.	·
Village or City	Ward
Length of residence in city or town where death occurredyrs	osds.
2. FULL NAME Lawrence Johnson	
(a) Residence: No. St., Ward. (Usual place of abode) St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 9	, 193 3-1
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Month) (Day) 22. I HEREBY CERTIFY, That I attended	deceased from
,19,to	, 19
6. DATE OF BIRTH (month, day, and year) All 23 1933 I last saw h alive on 19.	; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his programment of the programm	Date of onset
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Newask (State or country) maryland	
13. NAME Refurt James	
13. NAME Refer James 14. BIRTHPLACE (city or town)	
What test confirmed diagnosis? Was there an a	
16. BIRTHPLACE (city or town) New Accident, suicide, or homicide? Date of injury	
Where did injury occur? (Specify city or town, county and State of County and State o	e) ACE.
18. BURIAL, CREMATION OR REMOVAL Corn Place remark my Date July 9 , 19 33 Nature of injury	
19. UNDERTAKER Las Office 24. Was disease or injury in any way related to occupation of deceased? (Address) Sway Hell was If so, specify I may be for first frequency.	their
20. FILED July 9, 1933 IV Muniford (Signed) Berlin Med	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA.

Exact statement

ä

STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH	0656

1. PLACE OF DEATH	-93-0
County Marcesler	Registration Dist. No. 353
Village or City Bushofsvell	No. St. Ward
Length of residence in city or town, where death occurred. 3	(If death occurred in a hospital or institution, give its NAME instead of street and number)
61. ()	us. How long in 0.5. It of foreign birth?
2. FULL NAME () When you	vell down
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED: WI	
male white OR DIVORCED (wint	he word) Xuu 1933
5a. If married, widowed, or divorced	(Month) (Dáy) (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. Thet I etlended deceased from
h	Jun 20 1923 wferen 29 193
6. DATE OF BIRTH (month, day, and year) May 15	130 I lest saw h alive on full 20, 1933; death is said
	ESS than to have occurred on the date stated above, at
3 / F or	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	1
SAWYER, BOOKKEEPER, etc.	Scull Myocar diles
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at 11. Total time (years	3)
O this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Catributory Causes of importance
(State or country)	Hadle A
13. NAME James a Las	by your ors
14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	when Name of operation dales of 92 83
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of 92.5. What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Milaned 8. Egy	23. If death was due to external causes (VIOL ENCE) fill In also the following:
IS DIDTUDIACE (situations)	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) fyestok (State or country)	Where did Injury occur?
17. INFORMANT James a Law (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Trenton 1/4 Dete /-/	, 19.33 Nature of injury
19. UNDERTAKER M. Washay Wats	24. Was disease or Injury In any way related to occupation of deceased?
(Address) villeynelle, de	If so, specify
20. FILED June 30, 1933 Jones & My	(Signed) M. D. Registrar. (Address) And Address
If we have a little of	inguisar. " (Nulless)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy .	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE PLAINLY,

B.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

	STATE	OF MARYLAND—CERTIFICA	TE OF DEATH U656
1. PLACE OF	HTAS	46	
			2 1-1

1. PLACE OF DEA			and a	46)	
CountyWorcester				Registration Dist. No. 3	52
Village or CityN		L.		No. St.,	Ward
Length of residence in	city or town where o	death occurred		f death occurred in a horpital or institution, give its NAME instead of street a	
2 FILL NAME					
2. FULL NAME_M		da-Mari	in	St. Ward.	
(a) Residence: No.		(Usual place	of abode)	If nonresident give city or town	and State
PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	1
Female 4. col	or or race hite	5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH Month (Day)	, 193 5
5a. If married, widowed, or di HUSBAND of (or) WIFE of	vorced W Martin			22. I HEREBY CERTIFY, That I attend	1
6. DATE OF BIRTH (month, d	Mor	7 IO.19	10	I last saw h alive on fine 10 ,193	ر 19 ع death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, at	
8. Trada, Profession, or	particular I	II	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
kind of work done SAWYER, BOOKKI	as SPINNER.			P- 17.70.00	1930
Mind of work done SAWYER, BOOKH 9. Industry or business work was dona, as SAW MILL, BANK 10. Date deceased last w		ousewife	9	Carrerflettens	
10. Date deceased last w this occupation (m year)	orked at	11. Total	time (yaars) Int in this Supation	Symmon	
12. BIRTHPLACE (city or town (Stata or country)	Md •			Other Contributory Causes of importance:	
	200				
14. BIRTHPLACE (city or	town) Md •			Name of operation	t
(State of country)	Roda Pa	arker		What test confirmed diagnosis? The Ray Was there	
15. MAIDEN NAME	House 2	01 20 2		23. If death was due to external causas (VIOTENCE) fill in also the follow	
15. MAIDEN NAME 16. BIRTHPLACE (city or (Stata or country)		Md.		Accident, suicide, or homicide? Date of Injury	, 19
	pson We	st		Where did Injury occur?	State) PLACE.
(Address) 18. BURIAL, CREMATION, OR Placa News	k Md.		ne 23 _{,19} 33	Manner of Injury	
19. UNDERTAKER J. W. Burbage (Address) Berlin Md.				24. Was disease or Injury In any way related to occupation of deceased? If so, specify	0.
20. FILED frame 2.	7	Ming	Registrar,	(Signed) O Holler (Address) Bliler On	M. D

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED B.-WRITE PLAINLY,

FOR BINDING

V. S. No. 1 ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0650	2
1. PLACE OF DEATH	10)	
County Vorcish	Registration Dist. No. 33/	
Village or City Near Anow feel ~	No. St.,	Ward
	death occurred in a horpital or institution, give its NAME instead of street and number	
2. FULL NAME Leon Mills		
(a) Residence; No.	St., Ward,	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 21 (Month) (Day) (193	3 Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decease June 18 19 20 to June 21 1	sed from
6. DATE OF BIRTH (month, day, and year) Clas, 2 1933	I last saw h un alive on June 26 , 19 30 ; deal	th is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
0 2 /9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	o ol onset
8. Trade, profassion, or particular kind of work done, as SPINNER,	acule nephritis &	-17-03
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL.	G.	-18-20
work was done, as SILK MILL, SAW MILL, BANK, atc.	wrenina	-30-6
SAW MILL, BANK, atc		
ne morting of colors near	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town). (State or country) State or country)	1.4	
13. NAME / Vandy mills	•	3,2
14. BIRTHPLACE (city or town) Pocomorka	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Was thera an au'ops	12.220
15. MAIDEN NAME Maggie & Trutt	23. If death was due to external causes (VIOLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) Plear Inout the	Accident, sulcide, or homicide? Date of Injury,	19
State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Handy Mulls (Address) Panow Hell R 3	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place / Litts Chapple Date 6 121 133	Manner of injury	
19. UNDERTAKER & m & williams (Addrass) Snow (xill, mid,	24. Was disease or injury in any way related to occupation of deceased? No	
20. FILED 6/2/ 1933 LE Coy Servith Registrar.	(Signed) Selvel V. Meade (Address) Grow Bill mel.	M. D.
If more blanks are needed address State Pariste as	2411 N Charles Street Baltimore Perusting 7) C No -	-

66502

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
O.L			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

-WRITE PLAINLY,

I. PLACE	OF DEATH			(07-20)	
County	Worester			Registration Dist. No. 3 5	.2
Village or	city Berlin	ind, A.F.	.D. (II	NDSt., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of re	sidence in city or town wh	ere death occurred		ds. How long in U.S. if of foreign birth?yrsn	
2. FULL NA	AME Joyce L	iay Mitol	nell		
(a) Reside	ence: No.	~~~		St., Ward.	
DEDGO	NAL AND STATE		ce of abode)	If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH	d State
3. SEX	4. COLOR OR RACE	1	ARRIED, WIDOWED,	21. DATE OF DEATH	
Female	white		ED (write the word)	(Month) (Day)	, 193 (Year)
5a. If married, wido HUSBAND of (or) WIFE of	wed, or divorced			22. I HEREBY CERTIFY, That I attended	
	(month, day, and year)		1933	Vast saw h 2 alive on June 2 8 , 19 3	; death is said
7. AGE	ears Months	Days 8	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATII and related causes of importance were as follows:	Date of onset
8. Trade, prof	ession, or particular work dona, as SPINNER, R, BOOKKEEPER, etc			77	
Industry or	R, BOOKKEEPER, etc business in which as done, as SILK MILL, ILL, BANK, etc			Heute OElling / Luiga	2 dag
11113 000	upation (month and	SI	t tima (years) pant in this		
12. BIRTHPLACE (CState or co	city or town)	Md.		Other Contributory Causes of importanca:	Lda
13. NAME	Oliver Hit	chell			-
	E (city or town)			Name of operation Date of	
(State)	or country)	≝d		What test confirmed diagnosis? Was thore an	au'opsy?
15. MAIDEN N	adry o	teel		23. If death was due to external causas (VIOLENCE) filt in also the following	ig:
15. MAIDEN N	CE (city or town)	el.		Accident, suicide, or homicida? Date of injury	, 19
17. INFORMANT	Oliver Mi			Where did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC P	ite) LACE.
(Address)	Berlin ATION, OR REMOVAL	liid.			
	aylorville	Date Jun	e 30 19.3	Manner of injury	
19. UNDERTAKER _ (Address)	J.w.Burba Berlin			24. Was disease or injury in eny way related to occupation of deceased?	
1	-c00,1933	I V Mu	Registrar.	(Signad) All Andrews (Address) Buttur Fred	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V AU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING V. S. No. 1

1	STATE OF	MARYLAND-	CERTIFICATE OF DEATH U65	56
1	. PLACE OF DEATH		[2]	
	County & orceste	5	Registration Dist. No. 30/	
	Village or City	Hel	NoSt.,	N
	Length of residence in city or town where death oc		death occurred in a horpital or institution, give its NAME instead of street and numb	
2	FULL NAME ZIZE	Penneu	rel	
-	(a) Residence: No.		St., Ward.	
principles		Usual place of abode)	If nonresident give city or town and State	e
	PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
3. 8	OR	DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	(Year
5a.	If merriad, widowed, or divorced HUSBANO of (or) WIFE of Husbana Pe	nnewell	22. I HEREBY CERTIFY, That I attended dece	
6. 1	DATE OF BIRTH (month, day, and year Que	25 1852	I last saw h alive on, te	
	AGE Years Months	Oays If LESS than I day,hrs.	to heve occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
NOI	8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	nlysown	no voctor in alludance	ta ol
PAT	9. Industry or business In which work was done, as SILK MILL.		few days - Frank listo	•
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc To Date deceased last worked at this occupation (month and year)	II. Totel time (years) spent in this occupation	of ease death probable d	4
12.	BIRTHPLACE (city or town) Many	land	Other Coutributory Causes of importance:	
~	(State or country)	1		
HER	13. NAME FELD Color	nx		
FATH	14. BIRTHPLACE (city or town) (State or country)	reland!	Neme of operation Oate of What test confirmed diagnosis? Was there an au'op	
ER	15. MAIDEN NAME Don't	Genous	23. If death was due to axternal ceuses (VIOL ENCE) fill in elso tha following:	12 y (-
MOTHER	16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Oete of Injury	, 19_
Σ	(Stete or country)	10	Whera did Injury occur? (Specify city or town, county and State)	
17.	INFORMANT Clerra P B	es. 13 17 #	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL Plece Discount Hole Det	Jun 17,1933	Menner of injury	
19.	UNOERTAKER CAME + Wen (Address)	mal	24. Was disease or injury in any way related to occupetion of deceased?	#
20.	FILEO 6/17 , 1933 REPO	Secret .	(Signed) LECoy Smulh K. K. (Address) Subwittell, and	00

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Dato of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

County / MC	etu			Registration Dist.	No. 351
Village or City Ma	~ Run	- Itel	No. R.O. #2		St., 2 War
Length of residence in city	or town where deat	h occurred 37 yrs.			
ULL NAME	Unnie	71 Pudur			
(a) Residence: No.	D. H2/		19. St., 2 Ward.		
PERSONAL AND	STATISTIC		MEDICAL C	The second secon	city or town and State
1 -	1	STUGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	0	JEATH .
nale Hr	nte /	DE DIVORCED (write the word)		(Month)	(Day) (Year)
parried, widowed, or divore	ced		22 1 11 5 5 5 7 7	0	(,
		rdu		19 Jan	te of Denta
E OF BIRTH (month, day)	And year) Ma	reh 14, 187	3 I last saw her alive on	me 12	,19.3.3.; death is sa
Years	Months				
38	2	28 ormin.	were as follows:	(H and related causes of	Importance Date of onse
kind of work done, as	s SPINNER,	our inf	ty fer lens	in the	1929
Industry or business in	which		VI	mun w	
SAW MILL, BANK, et	c	11 Total time (veers)		***************************************	
this occupetion (mont	th end	spent in this			
THELACE (city or town	lear Po	nemeting		//	0
	may	land.		- Com a colony	
NAME Elis	that of	Hollows			
	(n) Mar	Powelfully	Name of operation		Oate of
-	10 lay	2 July			
	March	To hahr			
(Stata or country)	Ma	ugland		Date of	or injury, 19
DRMANT Haw	Perdut	2	Specify whether injury occurred In	(Specify eity or town iNOUSTRY, in HOME, of	eounty and State) or in PUBLIC PLACE.
	12 sun	- This ma.			
Place Hours	sinc a	me 14,03	Manner of injury		
Hoe	lonas o	L P.			1.2
	istuta	mel.	•••	ay related to occupation	or deceased!
0 6/14 19	33 25	Car Sunt	(Signed) Sam	Do you	R.f. M.
		Thereton I am the state of the	Annii //	- 10 . 11	and the second
	Length of residence in city Length of residence in city CALL NAME (a) Residence: No. PERSONAL AND 4. 90 on Instruction of the control o	Length of residence in city or town where deat CULL NAME (a) Residence: No. D. H.2 PERSONAL AND STATISTIC (b) A. COLOR OF RACE (c) SAND of (c) Wiffe of E OF BIRTH (month, day and year) Years Months Trada, p:ofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Ipdustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. Date deceased last worked at this occupetion (month end year) THPLACE (city or town) Kata or country) MAIDEN NAME BIRTHPLACE (city or town) (State or country) MAIDEN NAME BIRTHPLACE (city or town) (State or country) MAIDEN NAME BIRTHPLACE (city or town) (State or country) MAIDEN NAME BIRTHPLACE (city or town) (State or country) MAIDEN NAME BIRTHPLACE (city or town) (State or country) CRMANT (Address) CRMANT (Address) CRAMATION, OR REMOVAL Place PERTAKER (Address)	Village Dr City Man Short 961 Length of residence in city or town where death occurred 37 yrs	VILLE NAME Length of residence in city or town where death occurred. 3 T.yrs	VILLE NAME Length of residence in city or town where death occurred. 37, yrs. mos. ds. How long in U.S. If of foreign birth? VILL NAME (a) Residence: No. P. L. S. S. S. Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 4. 90 OR RACE 1. PARTICULARS A. PARTICULARS

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	51.	Example II		
The principal cause of dear of importance were as follo	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	9.1933	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	OF MARYLAND-	CERTIFICATE OF DEATH 06566
1. PLACE OF DEATH		
County Woscester		Registration Dist. No. 355
Village or City Berlin	n Ma	
	(1	NoSt,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town wh	ere death occurredyrs,mos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Annt	L.Powell	
	-74- W-11-	Ci Wald
(a) Residence. No.	CUsual place of abode)	If nonresident give city or town and State
	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH)
W_	OR DIVORCED (write the word)	Jane 3 3
Female "hite	Single	(Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE ot		The state of the s
	Web Tertono	19, 10, 19
6. DATE OF BIRTH (month, day, and yeer)	Feb.16;1870	I last saw her alive on Jewe 3 , 1933; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at ### SAMY
63 3	777 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
8. Trade, protession, or perticular	Housework	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9 hadustry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at	Honsework	Cente Dilation
9. Hodustry or business in which work was done, as SILK MILL.		
SAW MILL, BANK, etc.		H Wass
10. Date deceased last worked at this occupation (month and 192)	11. Total time (years) spent In this occupation	
12. BIRTHPLACE (city or town)		Other Contributary Causes of Importance:
(State or country)		Chr. Myocardelis
John Powe	11	ACCOUNTY OF THE PROPERTY OF TH
	Md.	
(State or country)		Name of operation Date ot
	M.Williams	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME		23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Md	Accident, suicide, or homicide? Date of injury, 19
(State or country)		Where did injury occur?
17. INFORMANT Mrs. Cheste	r Gunhy	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Rerlin		Open, and injuly occurred in HUDSTRI, in HOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Menner of injury
Desaled work om	June 5 · 33	Wellief of Illinia

Registedy.

J.W. Burbage

Berlin Md

19. UNDERTAKER

(Address)

20. FILED 6-5-

Nature of injury

if so, specify

Signed).

24. Wes disease or injury in any way related

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	in the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SDACE	EOD	PHIDTHED	STATEMENTS	RV	PHYSICIAN
ADDITIONAL	SPAUE	PUK	FURTHER	STATEMENTS	DI	LUISICIUM

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06567
1. PLACE OF DEATH	93-20
County Worcester	Registration Dist. No. 35/
Village or City Snow Hill	NoR.F.D. # 3. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Elijah James Powell	
(a) Residence: No. Snow Hill R.F.D.#3.	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	June 23rd 1933
ia. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Martha Powell	22 I HEREBY CERTIFY That I attended deceased from
	fun 1923, 10 cer 23, 1927
DATE OF BIRTH (month, day, and year March 29th. 1857.	1 last saw hand alive on 12.30P, 19.23, death is said
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, a 2. 30Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
76 2 25 or min.	were as follows:
kind of work done, as SPINNER, Farmer	The state of the s
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10 Date deceased last worked at this occupation (month and 1933 11. Total time (years) Life	
year) occupation	Other Coutributory Causes of Importance:
12. Birthplace (city or town) Worcester County (State or country) Maryland	
13. NAME Alexander Powell	
14. BIRTHPLACE (city or town) Worcester County (State or country) Maryland	Neme of operation Date of
5 15. MAIDEN NAME Ellen Tull	What test confirmed diagnosis? Was there an autopsy?
Somerest County	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Some 1 Sec Country (State or country) Maryland	Accident, suicide, or homicide?
15 P13 013	(Specify city or town, county end Stete) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
7. INFORMANT MTS, Pertha Custis (Address) Pocomoke City, Maryland	The state of the s
8. BURHAL, CREMATION OR REMOVAL	Manner of Injury
Place Snow Hill Md Oate June 25th 33	Nature of injury
9. UNDERTAKER/PRINCIPLE Stureneson	24. Was disease or Injury In eny way related to occupation of deceased?
(Address) Pocomoke City Maryland	If so, specify

Registrar. If more blanks are needed, address State Registrar, 2422 N. Charles Street Baltimore,

(Signed).

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilensy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 uear

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

06568

1. PLACE	OF DEATH			23)			Ca
County_	Worcester				Registration Dis	t. No. 3	5
	or City Pocomoke		(If	No. death occurred in a hospital or instit ds. How long In U. S. if	ution, give its NAME in	St.,stead of street and nu	Ward
	NAME Colvyn	Cropper (Usual place		St., Ward.	W		
PERS	ONAL AND STATIS	The second secon		MEDICAL C	ERTIFICATE O	F DEATH	otate
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word) P1ed	21. DATE OF DEATH	June 1]	th.	193_33
5a. if married, w HUSBAND (or) WIFE (22. 1 HEREB	Y CERTIFY.	11	eceased from
6. DATE OF BIR 7. AGE	TH (month, dey, end year) Years Months	an.2nd.1 Deys 9	863. If LESS then 1 day,hrs. ormin.	I lest low hour elive on to have occurred on the date state. The PRINCIPAL CAUSE OF DEA were as follows:		m.	daeth Is said
9. Industry work SAW 10. Date de this year	of work dona, es SPINNER, YER, BOOKKEEPER, etc. or business in which was done, as SILK MILL, MILL, BANK, atc. esesed last worked at De occupation (month end 196)	c. 11. Total	time (yeers) ant in this upation	Pulmond fulc	rsy sculos portanca:	is about	1741
(Stete or	Stephen A.R	ryland. edden					
	ACE (city or town)WQ	rcester (Neme of operation		Date of	
15. MAIDEN	NAME Sarah Lai	ng		23. If death was due to external ca			
17. INFORMANT (Address	ACE (city or town) Work to or country) Mrs. Laura) Pocomoke C MATION, OR REMOVAL S Cemetary Orcester to	ryland. Redden itv.Marvi	land.	Accident, suicide, or homicide? Where did injury occur? Specify whather injury occurred Menner of injury Nature of injury	(Specify city or tow	n, county and State)
19. UNDERTAKE	Vous of the	Dieve	uson	24. Wes diseese or injury in eny of the second of the seco	Wey releted to occupetion No. According to the character of the character	n of deceesed?	<i>Мо.</i> м. р.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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	Example I	H	Example II		
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	WECEVEE!	1915	Attack of epilepsy	1 week ago	
Chronie interstitial n	ephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUL 3 3933	July 5,1927	Peritonitis	3 days ago	
	BUREAU V.S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEA	тн	I MIAIN	YLAND—	CLIVIII	ICATE			6569
County Word					*	Registration	Dist. No. SU	4
Village or CityG	irdletr	ee		No.	a hornital or institu	stian sing its NIAME	St., St.,	Ward
Langth of residence in ci	ty or town where d	leath occurrad						
2. FULL NAME Ge	orge W.	Redden						
(a) Residence: No.				St.	Ward.			
		(Usual place					give city or town and	State
PERSONAL AN						ERTIFICATE	OF DEATH	
Male Wh	r or race		RIED, WIDOWED, D (write the word) WET	ZI. DATE	OF DEATH	Tune 9t	h. (Day)	., 193 3
5a. If marriad, widowad, or diversity HUSBAND of (or) WIFE of Ella	_L.Redd	en		220 1	HEREBY	2- 1/	Y, That I attended	n.
6. DATE OF BIRTH (month, da	35000	ah 20+h	.1858.	I last saw h	Acres alive on	033.10	8	, 19.33. P.: death is said
7. AGE Years	Months	Days	If LESS than	to have occurra	d on the data state	ad abova, at 2. I	5A m	_; death is said
75	2	12	1 day,hrs.	Tha PRINCIPAL	L CAUSE OF DEAT	TH and related cause	es of importance	
8. Trede profession or n	articular		roimin.	were as follows	S:			Date of onset
kind of work done, SAWYER, BOOKKEE		Farmer		1	0	0 21	1	
kind of work done, SAWYER, BOOKKEE Industry or businass in work was done, as: SAW MILL, BANK, O Do Data deceased last woo	SILK MILL,		P = = = = = = = = = = = = = = = = = = =	-6er	ebrai	ber	norshaj	20 hs
10. Data deceased last wor this occupation (mo year)	rked at June nth and 193	3. 11. Total t	ime (years) nt in this upation Life					
12. BIRTHPLACE (city or town) (State or country)	Worces Maryla	ter Cou	nty	Other Cautribut	tery Causes of Impo	ortanca:		-
13. NAME Stephe:	n A.Redo	len						
13. NAME Stephe: 14. BIRTHPLACE (city or to (Stata or country)		ster Con	unty	Name of operat	rmed dlagnosis?	_	Date of Was there an :	cutonou? L
15. MAIDEN NAME SE	arah Lar	ıg		-			in also the following	
15. MAIDEN NAME Se	wn)Worces Maryl		nty	Accidant, suicid	de, or homicida?	<i>L</i>	Data of Injury	, 19
17. INFORMANT Jame (Address) Gird]	s Redde					(Specify city or n INDUSTRY, In HO	town, county and Sta ME, or In PUBLIC PL	ne) ACE, \smile
48. BURIAL CREMATION, OR R Place-Goodwi-	Cemetar 1 Md	y June	10th, 19.33	Manner of injury	12			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
19. UNDERTAKEN LLAN (Addyass) POCOM	ion P	Steer Warvi	ensor	24. Was disease		yay ralated to occupa	tion of deceasad?	No
20. FILED Comp 9	33 /	wy	and.	(Signad)	0.7	Se Se	eleuson	M. D.
	If more	blanks are needed.	address State Registrar,			Pour TIS No	·	

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Example I	ij.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAUV			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

	(1/2)	122 St. 1851
	Registration Dist. No.	N-2
ity	. No	St.,Wa
North Ave. B		
1		TH
or Divorced (write the	June 23, 1933 (Month) (Day)	, 193 (Year)
Wing Renner	22. I HEREBY CERTIFY, Thet I at	tended deceased fro
ebruary I4.	46 Hast saw him elive on June 23 ,1	9 33; deeth is sa
1 day,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of important	ie e
1 9 101	B ronichail Asthma	1922
eal Eatate B	ker	
land	Other Contributory Causes of importance: Senile Debility	
nner		
Wagner		
	Accident, suicide, or homicide? Date of Injury_	
	(Specify city or town, county	and State) LIC PLACE,
	Manner of injury	
Date June 26	Nature of injury	
bage Md.	24. Wes disease or injury in any way related to occupation of deceas	
SMunko	- James / Commenter	- M.
	P. Renner North Ave. Bal (Usual place of abode) TICAL PARTICULARS S. SINGLE, MARRIED, WIDOW OR DIVORCED (awrite the wire of abode) Variety of the second of the seco	Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of strees of death occurred. P. Renner North Ave. Baltimore, Md. Ward. (Usual place of abode) TICAL PARTICULARS S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (warite the word) Fildower A TICAL PARTICULARS S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (warite the word) Fildower A TICAL PARTICULARS S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (warite the word) Fildower A TICAL PARTICULARS S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (warite the word) Fildower A TICAL PARTICULARS S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (warite the word) Fildower A TICAL PARTICULARS S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (warite the word) Fildower A TICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH June 5 1933 to June 23 Last saw film elive on June 23 Last saw film elive city or to be careful on the careful on the careful on the car

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

FOR

RESERVED

MARGIN

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Ex	ample I		Example II	
The principal cause of dead of importance were as follo	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset
Arteriosclerosis	un er 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---	------------	-----------	---------	------------	----	-----------

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. m

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06572
1. PLACE OF DEATH	48
County Woccester	Registration Dist. No.
Village or City POCOMOKE CITY R.F. D. 5	No.
Longth of socidans in situation (II	f death occurred in a hospital or institution, give its NAME instead of street and number)
11 # 010	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Heeler Lathy	P - P.
(a) Residence: No. (Usual place of abode)	-Ost, Ward. Carl # 2
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR-DIVORCED (write the word)	June > 198 ?
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) Wife of	22. HEREBY CERTIFY That I attended deceased from
	1927, 10 / 20 / 1989
7. AGE Years Months Days If LESS than	Vast saw h. 3. alive on
1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lancer of the 1732
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (methods) 11. Total time (years)	
SAW MILL, BANK, etc	
11. Total time (years) spant in this occupation (month and 1972 spant in this occupation	
- Constitution of the Cons	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or countsy)	
I	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Leak Cliese	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) —	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT 8-4 8-6 4. 0	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, er in PUBLIC PLACE,
(Address)	
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placeta central Date June 1-, 1953	Nature of injury
19. UNDERTAKER GRENOUP, Stevenson	24. Was disease or injury in any way related to occupation of deceased?
(Address for come of leating that	If so, specify
20. FILEO June 9 1923 John 10/20ly	(Signed) M. D.
Registrar.	- 7-2(Address) Q

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	County Trancesta	Registration Dist. No.31-2
	Village pr City Tayloulle	ND. St. W
		(If death occurred in a hospital or institution, give its NAME instead of street and number)
		os,ds. How long In U.S. if of foreign birth?yrsmos
2	2. FULL NAME Infant Steele	
	(a) Residence: Np. S (Usual place of abode)	St., Ward. If nonresident give city or town and State
V-0400.00	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 3	SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
50	If married widowad or divorced	(Month) (Day) (Year
vu.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased
	1 - 83	, 19.3.3, to, 19.
	DATE OF BIRTH (month, day, and year)	I last bow h ; denth is
7. /	AGE Years Months Days If LESS than I day,hrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	ormin.	were as follows:
ON	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Frematice Butto he
CUPAT	Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
220	Date deceased last worked at this occupation (month and year)	
12.	BIRTHPLACE (city or town) Yalmell	Dther Contributory Causes of Importance:
ER	13, NAME Il a hitmala	
FATHE	14, BIRTHPLACE (city or town)	Name of operation. Date of
T.	(State or country)	What test confirmed diagnosis? Was there an autopsy?
HER	15. MAIDEN NAME Elysbeth & Steele	23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
Σ	(State or country)	Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT Clywells # 3	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, DR REMOVAL	Manner of Injury
	Place I befulle Date ful 9 ,193	Nature of injury
19.	UNDERTAKER A La Brudage (Address) Belan	24. Was disease or injury in any way related to occupation of deceased?
	(0) 1) 1744	(Signed) C 9 Holland

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

and Additional space for further statements by Physician	ioal soo lotte
relational Al. S. Mudgatored 912933	
1)	

of OCCUPAitem of infor-

Exact statement

certificate.

See instructions on back of

TION is very important.

-WRITE

V. S. No. 1 Ä,

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEATH			(30)	
County_	Morcester	W = = = + + + + + + + + + + + + + + + +		Registration Dist. No. 3 S	1
Village (or City Memory		\mathcal{O}	NoSt.,	Ward
Length of	residence in city or town wher	e death occurred		death occurred in a hospital or institution, give its NAME instead of street andds. How fong in U.S. if of foreign birth?yrsm	
			· //	yi3yi3yi3)5 us.
	NAME Charles	Thomas-	Timmons		
(a) Resi	idence: No.	(Usual place	e of abode)	St., Ward. If nonresident give city or town and	Stale
PERS	ONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	2
Male	White	Marci		(Month) (Day)	(Yaar)
HUSBAND					
(or) WiFE o	of Minnie Tim	mone		22. HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIR	TH (month, day, and year)	+orm	unlenous	I last saw h Landive on 6/18 19.3	3death is said
7. AGE	Years Months	Days	If LESS than	fo have occurred on the date stafed above, at 3.3 m.	
	\$n76		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, p	rofession, or particular of work dona, as SPINNER,			Hypertensin	Date of enset
SAW	YER, BOOKKEEPER, etc.	Farmer	C	Attenusclewas	3
kind SAW 9: Industry work SAW 10. Date da	or businass in which was done, as SILK MILL, MILL, BANK, efc			Ohr. Interobbal Nephritis	2
O 10. Dafe dad	ceasad last worked af	11. Total	time (years) ant in this		P
	occupation (month and)		ent in this cupation		
12. BIRTHPLACE	(city or fown) Mary	land		Other Contributory Causes of importance:	1
(Sfate or				Chricullar Hobilation	
13. NAME		monns			
4. BIRTHPL	ACE (City of towil)	yland		Name of operation Data of	12
(318)	fe or country)			What test confirmed diagnosis? Linea Was there an a	utopsyl 10
15. MAIDEN	mary on			23. If death was due to axternal causes (VIOLENCE) fill in also the following	:
	ACE (city or fown)	ylend		Accident, suicide, or homicide? Dafe of Injury	, 19
(State	e or country)			Whera did injury occur?(Specify city or town, county and Stat	e)
17. INFORMANT . (Address)	the state of the s	mmons		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
	MATION, OR REMOVAL			Mannar of Injury	
Place	erdue Comete	r Dais June	2019.33	Nature of injury	h
19. UNDERTAKER	J. W. Burb	226		24. Was disease or injury in any way related to occupation of daceasad?	YUU
(Addrass)		_	7	If so, specify	
20. FILED 6	119 ,1933 \$	E Roe L	with	(Signed) AND EUSEPP	M. D.
•		- /	Registrar.	(Addrass) - J. Awwyylli	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY

mation should be ca

	County	Norces	ter			Registration Dist. No.	355
	Village or C	City Be	rlin	Md - R - F - 0	1 a	No. St., [If death occurred in a hospital or institution, give its NAME instead of street an	d number)
2	. FULL NA	ME	Lemue	1 T. Tru	Ltt	osds. How long in U.S. If of foreign birth?yrs	
gridenn				ICAL PART		MEDICAL CERTIFICATE OF DEATH	
	Male If married, widow HUSBAND of	4. COLOR (DR RACE	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Dey)	, 193 (Year
	(or) WIFE of	Mary	C.Tr	uitt		22. I HEREBY CERTIFY, Thet I attende	
6. [ATE OF BIRTH	(month, day, e	nd year) Ma	y 2 190	5	I last saw have alive on Jacob 1 193	
7. /	Vez 27	ırs	Months O	Deys 29	If LESS than 1 dey,hrs. ormin.	to have occurred en the date stated above, at	Date of o
OCCUPATION	9. Industry or work we SAW MIL 10. Dete decees this occu	s done, as SIL1 L, BANK, etc.	hich K MILL, I et end 1	933 spe	OT time (yeers) int in this upation	Other Contributary Causes of Importance:	
12.	BIRTHPLACE (ci		Md.		-	Consistion of Lana	
FATHER	13. NAME		James	Truitt		Joldwing technicity Neme of operation	
MOTHER	15. MAIDEN NA 16. BIRTHPLACE	ME		orodon Md.		What test confirmed diag osis? Was there as 23. If deeth was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Dete of Injury.	ng:
	INFORMANT (Address) BURIAL, CREMAT		Bor	a Gorod		Where did injury occur? (Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC f	laie) PLACE.
		erdue		Dete Jun	e 4. 3 3	Manner of injury	
			Burba			24. Was disease or injury In any way related to occupation of deceased?	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
自由THE LU Y	5	•	
Other contributory causes of importance:		Other contributory causes of importance:	04
Gallstones	May 1,1923	Gastroenteritis '	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN